

State of New Jersey Business License Services 609-777-1684

In order to process your EMISSION REPAIR FACILITY (ERF) Registration please submit the items listed below.

**Initial Application** 

Supplementary Application

**Child Support Certification** 

License Fee \$50.00 (make check payable to MVC)

**Emission Repair Technician Form** 

**Business Hours** 

Copy of Drivers License

Copy of Corporate Papers if Business is a Corporation

Other

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### **Motor Vehicle Commission**

State of New Jersey Business License Services P.O. Box 170 609-777-1686

## APPLICATION FOR REGISTRATION EMISSION REPAIR FACILITY

FOR OFFICE USE ONLY				
License Number:	Date:			
Reg. No.:				
Approved By:				
\$50.00				
Corp Code:	Business Phone:			
Name of Business (if corporation, corporate name)	NJ Sales Tax Identification No.			
Street Address	NJ Unemployment Registration No.			
City State Zip County	Federal Employment Identification No.			
Complete the following for proprietor, partners, or corporate	e officers:			
NAME ADDRESS	TITLE			

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## BUSINESS LICENSE SERVICES SUPPLEMENTARY APPLICATION

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BUSINESS NAME					BUSINESS PHON	NE #		
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FULL NAME INCLUDING MIDDLE NAME	ME AND SUFFIX, IF	ANY						
2. STREET ADDRESS			CITY				STATI	
3. HOW LONG HAVE YOU LIVED AT	THE ABOVE ADDI	RESS?				HOME PHO	NE#	
4. LIST THE CITIES, STATES OR FOR	REIGN COUNTRIES	3 WHERE YOU LIV	ED BEFOR	RE AND HOW L	ONG YOU WER	E IN EACH	STATE OR COUNTRY.	
THE STATE OF SAME VEAR			1: 40		= : -=:= OD F			
5. DATE OF BIRTH (MO. DAY, YEAR)			6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)					
7. SEX	8. HEIGHT			9. WEIGHT			10. COLOR OF EYES	
11. SOCIAL SECURITY NUMBER		12. DRIVER LICEN	NSE NUME	BER (STATE)				
13. HAVE YOU, IN THIS OR ANY OTHER	STATE OR COUN	TRY FVFR BEEN AF	RRESTED.	CHARGED OR C	ONVICTED OF A C	RIME DISOF	RDERI Y PERSONS OFFENSE.	
VIOLATION OF CONSUMER PROTE				NO NO	ONVIOLES SI 7.5	Tuivie, Dioc.	DENETT ENGOING S. F. ENGE,	
IF YES, ATTACH EXPLANATION DES	CRIBING NATURE	OF OFFENSE, DAT	TE, CITY AN	ID STATE WHER	RE OFFENSE OCC	URRED, IDEN	NTIFY COURT OR ADMINISTRATIV	
TRIBUNAL BEFORE THE CASE WAS	S TRIED, DATE ANI	ID SENTENCE.				-		
14. I CERTIFY THAT THE INFORM, KNOWLEDGE AND BELIEF.	ATION PROVIDE	D HEREIN AND	ATTACH	IMENTS, IF A	NY, IS TRUE A	ND COMP	LETE TO THE BEST OF M	
SIGNATURE:					DAT	E		
1. FULL NAME INCLUDING MIDDLE N	IAME AND SUFFIX	C IF ANY						
2. STREET ADDRESS			CITY				STATI	
3. HOW LONG HAVE YOU LIVED AT	THE ABOVE ADDR	RESS?				HOME PHO	NE #	
4. LIST THE CITIES, STATES OR FOREIG	ON COUNTRIES WE	HERE YOU LIVED BE	EFORE AN	D HOW LONG YO		STATE OR C	COUNTRY.	
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5 DATE OF BIRTH (MO. DAY, YEAR)	)	1	6. PLAC	E OF BIRTH: ((	CITY. STATE OR I	FOREIGN CO	OUNTRY)	
7. SEX	8. HEIGHT		<u> </u>	9. WEIGHT			10. COLOR OF EYES	
	O. TILIGITI						10. 00201( 0. 2.25	
11. SOCIAL SECURITY NUMBER		12. DRIVER LICE	ENSE NUM	IBER (STATE)				
13. HAVE YOU, IN THIS OR ANY OTHER					ONVICTED OF A C	RIME, DISOF	RDERLY PERSONS OFFENSE,	
VIOLATION OF CONSUMER PROTE	CTION LAVVS OR R	EGULATIONS!	YES I	NO				
IF YES, ATTACH EXPLANATION DES			TE, CITY A	ND STATE WHE	RE OFFENSE OCC	CURRED, IDE	ENTIFY COURT OR ADMINISTRATI	
	,							
<ol> <li>I CERTIFY THAT THE INFORM KNOWLEDGE AND BELIEF.</li> </ol>	1ATION PROVIDE	ED HEREIN AND	) ATTAC	HMENTS, IF A	ANY, IS TRUE A	AND COMF	PLETE TO THE BEST OF M	

DATE \_\_\_

BLC-205B (R12/03)

SIGNATURE: -





STATE OF NEW JERSEY Motor Vehicle Commission Business License Services

#### **CHILD SUPPORT CERTIFICATION FORM**

Business	s Name				
Applican	t's Name (Print)				Date of Birth
Social Se	ecurity Number				
Mis-state	ne provisions of N.J.S.A. 2A:17-56.7 et seq. the ment will be just cause to take administrative the revocation or suspension of the license.	•			•
1. D	o you have a child support obligation?		Yes		No
	If yes, do the arrearage amounts equal or ex	ceed the	e amou	nt of child	d support payable for six
months?		Yes		No	
3. <i>A</i>	Are you subject to a child-support warrant?		Yes		No
	hat the foregoing responses made by me are ject me to contempt of court.	e true ar	nd I am	aware th	at the making of false statement
Signatur	e			Date	



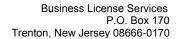
### **Motor Vehicle Commission**

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# EMISSION REPAIR FACILITY TECHNICIAN

I, the undersigned, certify that the below listed employee(s) meet the repair Technician Certification requirements.						
NAME	SS NO.	ADDRESS	LIST CERTIFICATIONS			
Licensee's Na	me and Title		 Date			

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#### **BUSINESS HOURS**

<b>Hours</b> To To	
То	
То	
То	
То	
То	
То	

Date\_\_